



Start of Adalbert Mayer Collection

AR 11608

Sys #: 000342334

LEO BAECK INSTITUTE

Center for Jewish History

15 West 16th Street

New York, NY 10011

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AR 11608

$\frac{1}{1}$

Adalbert Mayer Collection

1909-1992

Archives

Form 2211

U. S. DEPARTMENT OF LABOR
IMMIGRATION AND NATURALIZATION SERVICE

JACKET FOR NATURALIZATION PAPERS

Aunt Harriet's
letter, with
immigration visa to
U.S. from London
May 1940 -
Hague's cert. -
Bob's intermarriage
certif.

Bob's birth cert. -
" death " "
" " "
" Naturalization papers
letter & Bob
Bob's passport -
[January 1933 &
U.S.]
Constance's birth cert.
" " " " " " " "

MARRIAGE LICENSE

RETURN TO

Dwight Kessel

DWIGHT KESSEL

COUNTY COURT CLERK

COURT HOUSE

KNOXVILLE, TENNESSEE 37902

Bob
reunited
in May 1969
to Court

Standesamt Schöneberg.

Register Nr. 390

Gültig nur zum Zwecke der Taufe.

Bescheinigung über Eintragung eines Geburtsfalles.

Vor- und Name: *Albert Mayer*

Geburtsort, Ort und Wohnung:

8. Februar 1909, nachmittags
1/4 Uhr, Schöneberg, Martin-Luther-Str. 12, Wartburg-Lösungsheim,
Wohnung: Schlachters, 1. Etage.

Vor- und Name, sowie Stand des Vaters:

Günther Mayer,
prakt. Arzt u. med. Hof-Religion
Herta geb. Krüger,
med. Religion

Vor- und Name der Mutter:

Schöneberg, den 15 ten Februar 1909.



Der Standesbeamte.

70

[Signature]

Anmerkung: Das Reichsgesetz über die Beurkundung des Personenstandes und die Eheschließung vom 6. Febr. 1875 bestimmt in § 82:

„Die kirchlichen Verpflichtungen in Beziehung auf Taufe und Trauung werden durch dieses Gesetz nicht berührt.“

2 54937

IMMIGRANT IDENTIFICATION CARD

UNITED STATES
DEPARTMENT OF LABOR

MAYER

SURNAME

Adalbert

GIVEN NAME

Adalbert Mayer

Germany

COUNTRY OF BIRTH

Feb. 8, 1909

DATE OF BIRTH

Gorman

NATIONALITY

Brown

COLOR OF EYES

San Juan, P.R.

PORT OF ARRIVAL

Steamship

10-7-37

DATE ADMITTED

Quota Immigrant

STATUS OF ADMISSION

Adalbert Mayer

IMMIGRANT'S SIGNATURE



ORIGINAL

IMMIGRANT INSPECTOR

ORIGINAL

DEPARTMENT OF STATE
OF
THE UNITED STATES OF AMERICA

ORIGINAL

AMERICAN CONSULATE AT Ciudad Trujillo, Santo
Domingo, Dominican Republic.
October 4, 193 7


THIS CARD IS ISSUED FOR THE IDENTIFICATION OF THE PERSON
WHOSE NAME APPEARS ON THE REVERSE SIDE AS THE BEARER
OF ~~NON QUOTA~~ QUOTA IMMIGRATION VISA No. 1941. - - -

Germany

ISSUED BY THIS CONSULATE.

THIS CARD IS NOT TRANSFERABLE AND WILL NOT BE VALID FOR
PURPOSES OF IDENTIFICATION IN THE UNITED STATES UNTIL DULY
SIGNED BY AN IMMIGRANT INSPECTOR AT A PORT OF ENTRY TO
THE UNITED STATES.

969364


Linton Crook,

Vice CONSUL OF THE U. S. A.

IMMIGRANT IDENTIFICATION CARD

UNITED STATES
DEPARTMENT OF LABOR

MAYER

SURNAME

Jeta

GIVEN NAME

Lithuania

COUNTRY OF BIRTH

March 18, 1877

DATE OF BIRTH

German

NATIONALITY

grey/blue

COLOR OF EYES

NEW YORK

SAMARIA

PORT OF ARRIVAL

STEAMSHIP

JUL 1 - 1940

DATE ADMITTED

IMMIGRANT

Jeta Mayer

IMMIGRANT'S SIGNATURE

ORIGINAL

IMMIGRANT INSPECTOR



ORIGINAL

DEPARTMENT OF STATE
U.S. DEPARTMENT OF STATE

ORIGINAL

THE UNITED STATES OF AMERICA

AMERICAN CONSULATE AT London, England,
May 1, 1940

X 100X

THIS CARD IS ISSUED FOR THE IDENTIFICATION OF THE PERSON
WHOSE NAME APPEARS ON THE REVERSE SIDE AS THE BEARER
OF ~~NON QUOTA~~ QUOTA IMMIGRATION VISA No. 51

Lithuanian ISSUED BY THIS CONSULATE.
THIS CARD IS NOT TRANSFERABLE AND WILL NOT BE VALID FOR
PURPOSES OF IDENTIFICATION IN THE UNITED STATES UNTIL DULY
SIGNED BY AN IMMIGRANT INSPECTOR AT A PORT OF ENTRY TO
THE UNITED STATES.

1172508

Paul D. Thompson
Vice

CONSUL OF THE U. S. A.

DEUTSCHES
REICH



REISE-
PASS

DEUTSCHE



REISEPASS

Nr. 694.143.33

NAMÉ DES PASSINHABERS

Adalbert Mayer

BEGLEITET VON SEINER EHEFRAU

UND VON KINDERN

STAATSANGEHÖRIGKEIT

Baden

Dieser Paß enthält 32 Seiten



Erfüllen

Lichtbild

Unterschrift des Paßinhabers

Karl Mayer

und seiner Ehefrau

Es wird hiernüt bescheinigt, daß der Inhaber die durch das obenstehende Lichtbild dargestellte Person ist und die darunter befindliche Unterschrift eigenhändig vollzogen hat.

Berlin-Schöneberg, den 22. April 1933

Heinrich

Vorsitzer des Polizei-Büros 173

PERSONENBESCHREIBUNG

Beruf

Referendar

Geburtsort Berlin-Schöneberg

Geburtstag 8. 2. 09

Wohnort Berlin-Schöneberg

Gestalt mittel

Gesicht oval

Farbe der Augen braun

Farbe des Haares schwarz

OKRESNÝ ÚRAD V PIEŠTANOCH.

Č. ev. cudz. 725/1935

Meno: *Adalbert Hagen*

Prihlásil sa k pobytu v Piešťanoch

dňa 19/5 1935

odhlásil sa dňa 7. 6. 1935

Okr. náčelník:

H. Hagen

GELTUNGSBEREICH DES PASSES

Freiburg für Verwaltung Strafen 26

In- u. Ausland

Der Paß wird ungültig am

22. April 1938

wenn er nicht verlängert wird

Ausstellende Behörde

Der Polizeipräsident in Berlin
Polizeiamt Schöneberg-Charlottenburg

Datum

Berlin, den 22. April 1938

Unterschrift des Ausstellers

Heinrichs

178. Vorzeichen des Polizei-Passiers 178

VERLÄNGERUNGEN

1.
Verlängert bis

, den
Dienststelle

Unterschrift

2.
Verlängert bis

, den
Dienststelle

Unterschrift

3.
Verlängert bis

, den
Dienststelle

Unterschrift



Ein-Ausgangs

28. AUG. 1933

3632

Karlheinz Meyer

ur el
jede amtlich zugewiesene deutsche Grenzübergangsstelle

mit Ausweis
zur Grenzübergangsstelle bis zum
14. 9. 1933 einseitig benutzbar werden
am 14. 8. 1933

in Berlin
Polizeipräsident

H. Gellert

ALB-8-10-100
423

Nr. 423 Sichtvermerk Gebührent

für Adalbert Meyer

zur ein
Jede

Der Sichtvermerk kann am Grenzbericht
Berlin-Schöneberg, -1-



Der Polizeipräsident in Berlin
Der Vorsteher des Polizeireviers

H. Gellert
(Unterschrift)

423 vgl. 1933

27 MAY 1936



Vice de tourisme
A. Meyer
 Nationalité *Allemande*

La personne désignée ci-dessus est autorisée
 à effectuer plusieurs voyages de tourisme
 en Belgique pendant une période de
 six mois à dater du

27 MAY 1936

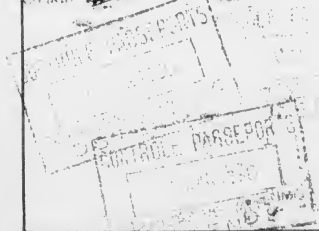
mais ne peut être prorogée au
 cas échéant.

27 MAY 1936

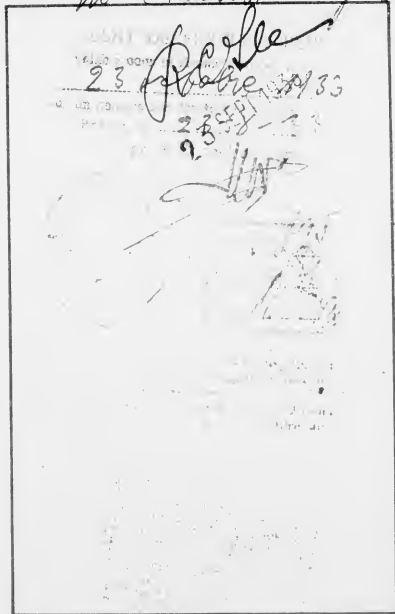
Ministre de l'Intérieur

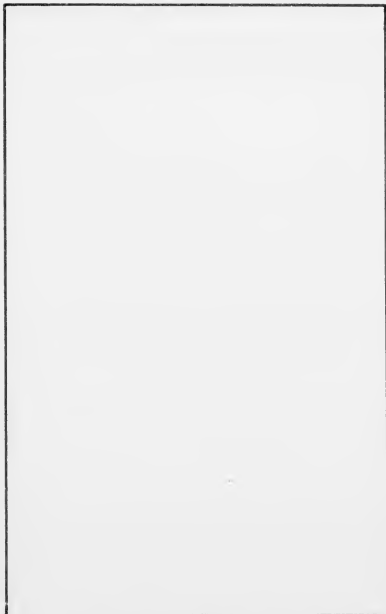
[Signature]

Il est interdit au titulaire de ce visa
 d'accepter un emploi quelconque et de
 travailler en Belgique.



M. Adalbert Meyer





Adalbert Bayle

VISA DE TRANSIT

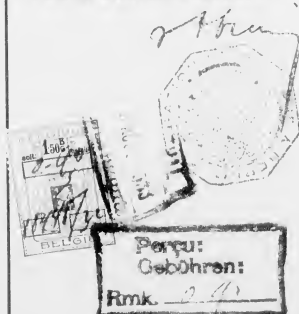
Visé sous le Numéro 10948
à la LÉGATION DE BELGIQUE à Berlin
pour permettre au titulaire de transiter
par la Belgique, sans pouvoir y faire
volontairement arrêt.

AVIS IMPORTANT

Il est interdit au titulaire de ce visa
de s'arrêter volontairement en Belgique
ou de s'y établir.

BERLIN, le **23. Aug. 1933**

POUR LE MINISTRE DE BELGIQUE



Frontière Suisse

Chiffre 26. OCT. 1934.

235 F. E. L. S. B. H. F.

Monsieur Meyer
PREFECTURE de POLICE

Visa valable jusqu'au *18 Janvier 35*
pour tous pays et pour un nombre illimité
de voyages. *aller et retour*

Ce visa n'est pas valable pour l'entrée
au Maroc, au Liban, en Syrie.

PARIS, le *18 Janvier 35*

Le Chef du Bureau des Passports

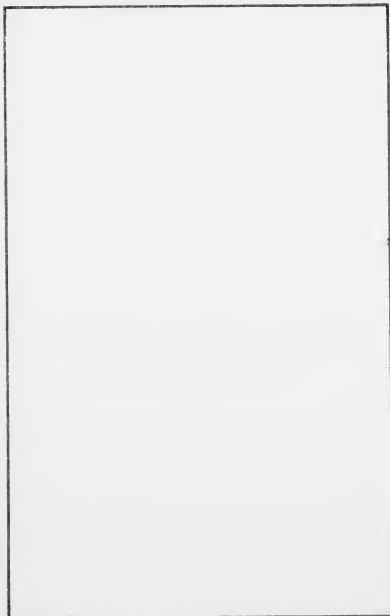


8-1-1934
H. de la...

Le 13-8-1934
 J'ai pour mille à valoir
 sur lettre de crédit n. 950336.
 Banque de Belgique
 Agence de Paris
 1

Mayer, A.
 Visé sous le N. 1372
 Pour permettre à
 de se en Belgique
 pour 30 jours
 Pour 30 jours
 Pour 29 JAN 1934
 Pour l'Ambassadeur de Belgique
 Le Chef de Bureau
 1





Mayer, A

Transit sans arrêt

Personne n° 20371 est autorisé de
Belgique pour passer en France
L'autorisation de Belgique sans passage y faire
volontairement.

22 Juin 1934

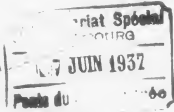
Pour l'Administration de Belgique :

Le Chancelier,

[Signature]

565
20371





CONSULAT DE FRANCE - BERTHLE

Visa de transit valable

10-6-32

avec faculté d'arrêt de 4 jours à dater
du passage de la frontière française.

Berlin, le 3.6.32

par le Consul de France



Mayer Adalbert

Konsulat Generalny R.P.
w Berlinie

Pobrano Rusk. 12/5

23967

WIZA POBYTOWA TERMINOWA Nr.

Pobył czasowy w celu niesiaroblowym:
odwiedzenia krewnych

z powodu do wielokrotnego przekroczenia granic
R.P. został dozwolony za zgodą.

na czas do 10 dni, licząc od dnia
pierwszego wjazdu; wjazd ten może nastąpić
przez każdy punkt przejściowy w
w ciągu

od daty wystawienia wizy
Do 10.7.35 19... r.

Za Konsula Generalnego:

Adolfas Ręczokorak
Sekretarz Admistracji



Po przyjeździe do Polski
należy do 24 godzin

zajawić się w urzędzie

podległości

af. l'orig: 2 dates in 4 février
 1936
 27 Jan



1507
 T.
 E.
 P.
 KINCOOL

COVER
 COVER
 COVER
 COVER
 COVER

14/2/36



Edouard Neays

1585
 LA LÉGATION DE BELGIQUE
 pour permettre au titulaire de voyager

en Belgique et d'être son
 période de deux jours
 à partir du 27-1-36 aff. à une date

authenticité AVIS
 Ce visa ne donne droit à l'inscription
 aux registres de la population
 d'identité.

Berlin, le 27. Jan. 1936

Pour le MINISTRE de BELGIQUE

Edouard Neays

7.50
 3.60

1585
 32

Percu:
 Gebühren:
 Rmk. 3.60

Le titulaire s'engage à ne pas s'établir en Belgique et à ne
 occuper un emploi.

Derzeichnete verpflichtet sich, sich nicht in Belgien nieder-
 zulassen und daselbst keine Anstellung anzunehmen.

Berlin, den 27. Jan. 1936

Reiseverkehrs Belgien

fls. 2350 = RM. 993.50 im

MER Kreditbrief No. 90336 für

Monat Juli 1936 ausgegeben.

Berlin, den 19. Juli 1936

Ministerpräsident des Reichsbüro

Berlin, Potsdamer Platz

Wechselstube.

Le heute Juli 1936
payé à Mr Adalbert Mayer
mille francs en vertu de la
lettre de crédit nr. 90336



Visa de tourisme

Bénéficiaire: Adalbert Mayer

Nationalité: allemand

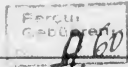
La personne désignée ci-dessus est autorisée
à effectuer plusieurs voyages de tourisme en
Belgique, pendant une période de trois mois
à dater du 26 juillet 1936

Ce visa n'est pas protégé en territoire
belge.

A Berlin, le 20. Juli 1936

POUR LE MINISTRE DE BELGIQUE,

Il est interdit au titulaire d'exercer une activité
quelconque en Belgique et d'y prolonger son
séjour au-delà de la durée de validité du visa.



No 3. (Tránsito).

Visto Bueno en este
Consulado General,
Hamburgo, 4 del mes
de Enero del año 1934.

~~El Consul General:~~

Dr. Maria Lorenzen

Field No. R. J. 10348.

2. -



24

Visto Tener en este
Consulado General,
Hermosillo 18 del mes
de Mayo del año 1937.
de acuerdo con el oficio
No 871 de fecha 14 de
Abril de 1937 del Señor
Director General de
Inmigración. --

Rebopul, August



25

Passinhaber ist

Auswanderer

Die mit verschiedenen Ländern
getroffenen Reiseverkehrsab-
kommen dürfen nicht in An-
spruch genommen werden.

Berlin, den 24. 5. 1937



Koffizier

Für

Ernst Lothar Mayer

Gültig auch für Reisen nach u. durch Frankreich
während der Dauer der Passausstellung 1937.

Berlin-Schöneberg, den 2. Juni 1937

Der Polizeipräsident in Berlin

Polizeipräsident
Amt Schöneberg-Wilmersdorf.
i.A.

Heinrich



Berlin-Schöneberg

2. Juni 1937

26

Immigration Visa

No. 1944-

dated October 4, 1937

issued to *Edmund Mayer*

(name)

Kiech LINTON CROOK

American Consul at

Ciudad Trujillo

Sancti Domingos

Dominican Republic

Immigrant Identification Card No.

969364

27

10. - 10. 10. 1914

10. - 10. 10. 1914

Inhaber dieses Passes hat heute ausständliche
Zahlungsmittel im Gegenwert von RM. 4.20
bei der unterzeichneten Wechselstube einweisen.

Köln den 29. Juli 16.

MITTELEUROPAISCHES REISEBÜRO
G. m. E. H.

Wechselstube Köln, Domkloster

Don 2. 8. 14



SCHWEIZ

E. F. H. K. 14

BASEL BAD RUE

Inhaber dieses Passes hat heute ausständliche
Zahlungsmittel im Gegenwert von 18. -
bei der unterzeichneten Wechselstube einweisen.

MITTELEUROPAISCHES REISEBÜRO

Inhaber dieses Passes hat heute ausständliche
Zahlungsmittel im Gegenwert von 18. -
bei der unterzeichneten Wechselstube einweisen.

DEUTSCHE WECHSELSTUBE
Antiquarische Buchhandlung
Wechselstube Berlin, Ent. Zoolog. Garten

Reiseverträge Wechselstube

Kredit in 512500 - Ko. 2000 -
240.501 - 1. 1. 1915

Berlin 2. 8. 14
MITTELEUROPAISCHES REISEBÜRO
G. m. E. H.

10-M. a. 29/735 abaf



Ullrich

Inhaber:
Zahlungsmittel:
bei der un-

50

Wechselstube

ANK
ten

50

Kreditbrief Frankfurter Familien 1935

Inhaber dieses Passes hat heute ausländische
Zahlungsmittel im Gegenwert von RM 4.00
bei der unterzeichneten Wechselstube erworben.
den 29. September 35

MITTELEUROPAISCHES REISEBÜRO

G. m. b. H.

Wechselstube Berlin, Kurfürstendamm 17

König

Kreditbr. September Frankfurt

Inhaber dieses Passes hat heute ausländische
Zahlungsmittel im Gegenwert von RM 4.00
bei der un- unterzeichneten Wechselstube erworben.

den 29. November 35

MITTELEUROPAISCHES REISEBÜRO

G. m. b. H.

Wechselstube Berlin, Kurfürstendamm 17

WV

Kreditbr. November Frankfurt

Inhaber dieses Passes hat heute ausländische
Zahlungsmittel im Gegenwert von RM 4.50
bei der un- unterzeichneten Wechselstube erworben.

den 28. Oktober 35

MITTELEUROPAISCHES REISEBÜRO

G. m. b. H.

Wechselstube Berlin, Kurfürstendamm 17

WV

Kreditbr. October Frankfurt

Inhaber dieses Passes hat heute ausländische
Zahlungsmittel im Gegenwert von RM 4.00
bei der un- unterzeichneten Wechselstube erworben.

den 28. September 35

MITTELEUROPAISCHES REISEBÜRO

G. m. b. H.

Wechselstube Berlin, Kurfürstendamm 17

WV

15. Sept.
Inhaber dieses Passes hat heute ausländische
Zahlungsmittel im Gegenwert von RM. *500.-*
bei der unterzeichneten Wechselstube erworben.
den *15. Sept. 1933*

MITTELEUROPAISCHES REISEBÜRO

G. m. b. H.

Wechselstube Berlin, Kurfürstendamm 17

Kreditbrief Frankfurt Airport 1933

Inhaber dieses Passes hat heute
Zahlungsmittel im Gegenwert von RM. *500.-*
bei der unterzeichneten Wechselstube erworben.

15. Sept. 1933

MITTELEUROPAISCHES REISEBÜRO,

Wannowski

Wechselbrief Frankfurt Sept. 1933

Inhaber dieses Passes hat heute
Zahlungsmittel im Gegenwert von RM. *500.-*
bei der unterzeichneten Wechselstube erworben.

15. Sept. 1933

MITTELEUROPAISCHES REISEBÜRO

Wechselstube Berlin, Kurfürstendamm 17

Wannowski

Do not mislay or destroy this Receipt

Tengase cuidado de no perder este recibo

The New York and Porto Rico Steamship Company

General Passenger Department: Foot of Wall Street, New York

Alien Head Tax Receipt

Nº 2241

Dated Oct 6 1937

Payment of Eight Dollars (\$8.-) United States Currency,
to cover United States Alien Head Tax is hereby acknowledged from

Mrs. Elizabeth Meyer

First class passenger per S. S. Barro Voy. 133

From Brooklyn City to New York

Ticket Form 15

Ticket No. 6067

Agent for Purser

RECOVERY OF U. S. HEAD TAX. — This Tax may be recovered by passengers provided they inform the U. S. Immigration Inspector on arrival in United States of their intentions to leave within the time prescribed by U. S. Law and obtain from him Transit Certificate Form 514. UNLESS THIS REGULATION IS COMPLIED WITH THE TAX CANNOT BE RECOVERED.

"El derecho "per capita" (Head Tax) que pagan los extranjeros para poder entrar en los Estados Unidos podrá ser devuelto al pasajero siempre y cuando éste haga presente al Inspector de Inmigración a la llegada de éste abordo en los Estados Unidos, su propósito de salir dentro del término que prescribe la ley, y OBTENGA DEL REFERIDO INSPECTOR EL CORRESPONDIENTE CERTIFICADO EN EL MODELO 514. SIN ESTE DOCUMENTO FIRMADO POR EL PASAJERO NO PODRA OBTENERSE EL REINTEGRO DE LA CANTIDAD PAGADA.

2361

U. S. DEPARTMENT OF JUSTICE Application No 1-315508
Immigration and Naturalization Service
1005 Post Office Building
Boston, Mass.

Jeta Mayer
375 Rock St.,
Fall River, Mass.

Dear Sir, Madam:

Your application (Form A-2213) has been forwarded to the Clerk
of the Superior Court, Taunton, Mass.
who will notify you when to appear at his office and file your Declaration
of Intention. You must then pay the Clerk a fee of \$2.50 which is required
by law. ~~No witnesses~~ are required.

Yours very truly

Henry Nicolls
HENRY NICOLLS

Assistant District Director of Immigration and Naturalization - Boston.

TRIPPLICATE
(To be given to
declarant)

No. 5658

UNITED STATES OF AMERICA

DECLARATION OF INTENTION (Invalid for all purposes seven years after the date hereof)

COMMONWEALTH OF MASSACHUSETTS

In the Court

COUNTY OF BRISTOL

of BRISTOL COUNTY at FALL RIVER, Mass.

I, **Jeta Mayer**,
now residing at **375 Rock St., Fall River, Bristol, Mass.**
occupation **At home**, aged **53** years, do declare on oath that my personal description is:
Sex **female**, color **white**, complexion **medium**, color of eyes **grey-blue**
color of hair **brown**, height **5** feet **5** inches; weight **160** pounds; visible distinctive marks
none
race **Hebrew**; nationality **Lithuania**
I was born in **Sydy, Lithuania**, on **March 13, 1877**
I am a **widow**. The name of my **late** husband was, **Bertman**
we were married on **July 2, 1907**, at **Berlin, Germany**
born at **Mannheim, Germany**, on **April 1, 1882**, entered the United States
at **Never in United States**, for permanent residence therein, and now
resides at **Decayed Oct. 2, 1936**. I have **one** child, and the name, date and place of birth,
and place of residence of each of said children, is as follows: **Adalbert, Feb. 8, 1909, at Berlin, Germany,**
and is now residing at Fall River, Mass.

I have **not** heretofore made a declaration of intention: Number **---**, on **---**
at **---**
my last foreign residence was **London, England**
I emigrated to the United States of America from **Liverpool, England**
my lawful entry for permanent residence in the United States was at **New York, N.Y.**
under the name of **Jeta Mayer**, on **June 1, 1900**
on the vessel **S. Samaria**

I will, before being admitted to citizenship, renounce forever all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, and particularly, by name, to the prince, potentate, state, or sovereignty of which I may be at the time of admission a citizen or subject; I am not an anarchist; I am not a polygamist nor a believer in the practice of polygamy; and it is my intention in good faith to become a citizen of the United States of America and to reside permanently therein; and I certify that the photograph affixed to the duplicate and triplicate hereof is a likeness of me.

I swear (affirm) that the statements I have made and the intentions I have expressed in this declaration of intention subscribed by me are true to the best of my knowledge and belief: So help me God.

Jeta Mayer

Subscribed and sworn to before me in the form of oath shown above in the office of the Clerk of said Court, at **Fall River, Mass.**, this **31st** day of **October**, anno Domini, 19**40**, Certification **NI-311508**, on the Commissioner of Immigration and Naturalization showing the lawful entry of the declarant for permanent residence on the date stated above, has been received by me. The photograph affixed to the duplicate and triplicate hereof is a likeness of the declarant.

CHARLES E. HARRINGTON,

Clerk of the Court.
Mollie P. Dufferty

Form 2202-L-A
U. S. DEPARTMENT OF LABOR
IMMIGRATION AND NATURALIZATION SERVICE

14-2853
U. S. GOVERNMENT PRINTING OFFICE

No 201805



[SEAL]

(THE UNITED STATES OF AMERICA)

ORIGINAL
TO BE GIVEN TO
THE PERSON NATURALIZED



No. 6308929

CERTIFICATE OF

NATURALIZATION

Petition No. 319138

Personal description of holder as of date of naturalization: Age 68 years; sex female; color white; complexion Fair; color of eyes Blue-grey; color of hair Grey; height 5 feet 4 inches; weight 165 pounds; visible distinctive marks none; Marital status widow; former nationality German

I certify that the description above given is true, and that the photograph affixed hereto is a likeness of me.

Harriet Mayer.



Test



Harriet Mayer

(Complete and the signature of holder)

UNITED STATES OF AMERICA
NORTHERN DISTRICT OF ILLINOIS

Be it known, that at a term of the District Court of
The United States

held pursuant to law at Chicago
on February 19, 1946 the Court having found that

HARRIET MAYER
then residing at 2100 Lincoln Park West, Chicago, Illinois,
intends to reside permanently in the United States (when so required by the
Naturalization Laws of the United States), that in all other respects complied with
the applicable provisions of such naturalization laws, and was entitled to be
admitted to citizenship, thereupon ordered that such person be and she was
admitted as a citizen of the United States of America.

In testimony whereof the seal of the court is hereunto affixed this 19th
day of February in the year of our Lord nineteen hundred and
forty-six and of our Independence the one hundred
and seventieth.

Roy H. Johnson
Clerk of the District Court
By Edward H. Pershenson
Deputy Clerk

It is a violation of the U. S. Code (and
punishable as such) to copy, print, photograph,
or otherwise illegally use this certificate.

DEPARTMENT OF JUSTICE

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Name changed by order of Court from
YETA MAYER
as part of the naturalization, this
19th day of February, A.D.1946.

Roy H. Johnson, Clerk,
U.S. District Court.

By *Edna H. Perkinson*
Deputy Clerk.

THE UNITED STATES OF AMERICA

ORIGINAL
TO BE GIVEN TO
THE PERSON NATURALIZED

CERTIFICATE OF



No. 5948116

NATURALIZATION

Petition No. 256097

Personal description of holder as of date of naturalization: Age 34 years; sex male; color white; complexion medium; color of eyes brown; color of hair black; height 5 feet 8 inches; weight 160 pounds; visible distinctive marks: Marital status unmarried; former nationality German

I certify that the description above given is true, and that the photograph affixed hereto is a likeness of me.



Seal

UNITED STATES OF AMERICA
DISTRICT OF MASSACHUSETTS

S.S.

Be it known, that at a term of the District Court of
The United States

held pursuant to law at Boston
on February 7th, 1944 the Court having found that

ADALBERT MAYER
291 Cherry St., Fall River
then residing at
intends to reside permanently in the United States (when so required by the
Naturalization laws of the United States), had in all other respects complied with
the applicable provisions of such naturalization laws, and was entitled to be
admitted to citizenship, thereupon ordered that such person be and (s)he was
admitted as a citizen of the United States of America.

In testimony whereof the seal of the court is hereunto affixed this 7th
day of February in the year of our Lord nineteen hundred and
forty-four and of our Independence the one hundred
and sixty-eighth

JAMES S. ALLEN

U. S. District Court.

Deputy Clerk.

It is a violation of the U. S. Code (and
punishable as such) to copy, print, photograph,
or otherwise illegally use this certificate.

DEPARTMENT OF JUSTICE

CITY OF CHICAGO—BOARD OF HEALTH OFFICE OF THE PRESIDENT



STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, Herman N. Bundesen, M. D.,

Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID
Only When Original BLUE
SEAL AND BLUE SIGNATURE
Are Affixed

MAY 8, 1959

RECEIVED BY THE BOARD OF HEALTH, REGISTRAR

ORIGINAL

STATE OF ILLINOIS

STATE FILE NUMBER

326332

MEDICAL CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY COOK		b. DEATH TOOK PLACE <input checked="" type="checkbox"/> OUTSIDE city limits and in the city village, or town named of it CHICAGO		c. USUAL RESIDENCE (where deceased lived 10 months or more before admission to hospital, residence before admission to hospital, or town named of it) <input checked="" type="checkbox"/> OUTSIDE city limits and in the city village, or town named of it Chicago	
2. CITY, VILLAGE, OR TOWN CHICAGO		3. LENGTH OF STAY IN CITY, VILLAGE, OR TOWN a. LENGTH OF STAY IN CITY, VILLAGE, OR TOWN 16 years		4. CITY, VILLAGE, OR TOWN Chicago	
5. NAME OF HOSPITAL OR INSTITUTION Michael Reese		6. LENGTH OF STAY IN HOSPITAL OR INSTITUTION a. LENGTH OF STAY IN HOSPITAL OR INSTITUTION 4 days		7. STREET ADDRESS 5240 Sheridan Road	
8. NAME OF DECEASED Harriet		9. MIDDLE Mayer		10. DATE OF DEATH a. MONTH May b. DAY 6 c. YEAR 1959	
11. SEX Female		12. RACE White		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed	
14. DATE OF BIRTH March 22 1877		15. AGE (in years, months, days) 82		16. BIRTHPLACE (City and state or foreign country) Lithuania	
17. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		18. KIND OF BUSINESS OR INDUSTRY Own Home		19. CITIZEN OF WHAT COUNTRY USA	
20. FATHER'S FULL NAME Leo Kagan		21. MOTHER'S FULL MAIDEN NAME Sarah Cahn		22. INFORMATION a. SIGNATURE Martin Lowery b. ADDRESS 2839 South Ellis	
23. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) no		24. SOCIAL SECURITY NUMBER none		25. RELATIONSHIP TO DECEASED Hospital Records	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY [Enter only one cause per line for (a), (b), and (c)]		Days	
IMMEDIATE CAUSE (a) Myocardial infarction		Years	
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (a), stating the UNDERLYING cause last			
due to (b) Coronary artery disease			
due to (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I (a)			
MEDICAL CERTIFICATION			
20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.			
21. I hereby certify that I attended the deceased from May 3 , 19 59 , to May 6 , 19 59 , that I last saw the deceased alive on May 6 , 19 59 , and death occurred at 1:30 P. M. , from the cause and on the date stated above.			
DATE May 6 19 59 SIGNED [Signature] ADDRESS [Address] PHONE [Phone]			
22. DISPOSITION: Funeral home (Name and address) 5-10-59 FIRM NAME Piser Memorial Chapel			
CEMETERY Perpetual ADDRESS 5206 Broadway			
LOCATION New York, New York SIGNATURE [Signature] ACTUAL 6-27-63			
24. Received for filing on MAY 8 1959 (Signed) [Signature] 54 West Hubbard Street, Chicago 10			

A. FAREDES

THE AUTHORITY OF ILLINOIS

VS & R 200-177

BUREAU OF STATISTICS-ILLINOIS DEPARTMENT OF PUBLIC HEALTH-SPRINGFIELD

STATE OF TENNESSEE
COUNTY OF KNOX

} ss.

MARRIAGE CERTIFICATE

I, DWIGHT KESSEL, Clerk of the oforesaid, do hereby certify that

MARRIAGE LICENSE was issued to

Adalbert Mayer Age 60
and Conne Conn Age 52

on the 29 day of May 1969 and that the

Rites of MATRIMONY were solemnized between them on the 29

day of May 1969, by L L Ward

Judge of Knox County as the same appears of record in my office.

Given under my hand and official seal at Knoxville, this the

29 day of May 1969.

Dwight Kessel
County Court Clerk



MARRIAGE CERTIFICATE

STATE OF TENNESSEE

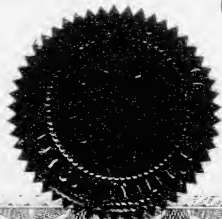


COUNTY OF KNOX

I, Dwight Kessel, Clerk of the aforesaid, do hereby certify that MARRIAGE LICENSE was issued to Adalbert Mayers and Conne Conn on the 29 day of May 1929 and that the Rites of MATRIMONY were solemnized between them on the 29 day of May 1929 by L.D. Ward - Judge as the same appears of record in my office.

Given under my hand and official seal at Knoxville, this the 29 day of May 1929

Dwight Kessel
County Court Clerk



Geburtsurkunde

1 Berlin-Schöneberg,
(Standesamt jetzt Schöneberg von Berlin Nr. 390/1909)

Adalbert M a y e r -/-

ist am 8. Februar 1909 -/-

in Schöneberg -/- geboren.

Eltern: Doktor der Medizin Hermann Mayer und

Jeta Mayer geb. Kagan, beide -----

mosaisch, beide wohnhaft in -----

Schlachtensee. -/-

Vermerke: Entspricht der Abstammungsurkunde.

-/-

Berlin - Schöneberg, den 1. Juni 1972

Der Standesbeamte

In Vertretung



Gebühr bezahlt

Inn I 131 -- Geburtsurkunde E 1
Mat. 4710 ● A 5. 100 000. 8. 71

REGISTRATION
DISTRICT NO **16.10**

STATE OF ILLINOIS

STATE FILE
NUMBER

MEDICAL CERTIFICATE OF DEATH

608517

JUN 0 5 1992

REGISTERED
NUMBER

DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1		Adaibert			2 Male	3 May 4, 1992	
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YMS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
4 Cook		5a 83	5b	5c	5d February 8, 1909		
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT, EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OR SEVERE PM. INPATIENT (SPECIFY)	
8a Chicago		8c 18 E. Elm				8c	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED NEVER MARRIED OR WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN ARMED SERVICE (YES-NO)	
7 Berlin, Germany		8a Married		8b Connie Conn		9 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10 132-10-0543		11a Attorney		11b Law		12 College (Specify)	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES-NO)		CITY	
13a 18 E. Elm		13b Chicago		13c Yes		13d Cook	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13a Illinois		13f 60610		14b White		14b X NO YES SPECIFY	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		(MAIDEN) LAST			
15 Hermann Mayer		16 Harriet Kagan					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE, ZIP)			
17a Connie Mayer		17b Wife		17c 18 E. Elm, Chicago, IL 60610			
18 PART I.		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				SPECIALLY INSTRUCTED BY THE CHARGE AND/OR ATTENDING PHYSICIAN	
Immediate Cause (Final disease or condition resulting in death)		(a) Pneumonia				3 days	
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
		(c) DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause (shown in Part I)		AUTOPSY (YES-NO)				IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
		19a No				20c YES NO	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		HOUR OF DEATH			
20a		20b		21c 3:13 AM			
1000 (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON)		WAS CORONER OR MEDICAL EXAMINER (NOT REPLY) (YES-NO)		DATE SIGNED (MONTH, DAY, YEAR)			
21a 04-23-92		21b Yes		22b 05-05-92			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				ILLINOIS LICENSE NUMBER			
22a SIGNATURE				22d 0360035961			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		Robert O. Isaacs, M.D.		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
22c 467 W. Deming Pl. Chicago, IL 60614							
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)							
23							
BURIAL, CREMATION, REMOVAL, etc.		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a Cremation		24b Phoenix Crematory		24c Lombard, Illinois		24d May 6, 1992	
FUNERAL HOME		NAME STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP			
25a Blake-Lamb Funeral Home, 1035 N. Dearborn St., Chicago, Illinois 60610							
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b				25c 034-011832			
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
25d				MAY 06 1992			

VR200 (Rev. 5/90)

Illinois Department of Public Health - Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.

**MIT LUFTPOST
PAR AVION**

U S A

Herrn

Adalbert M a y e r

752 West End Avenue

New York, N.Y. 10025

Standesamt Schöneberg

von Berlin

1 Berlin 62

John-F.-Kennedy-Platz

10 and 50

PASSPORT



*United States
of America*

GENERAL INFORMATION

VISAS. IT IS THE RESPONSIBILITY OF THE PASSPORT BEARER TO OBTAIN THE NECESSARY VISAS.

LE TITULAIRE DU PASSPORT EST SEUL RESPONSABLE DE L'OBTENTION DES VISAS REQUIS.

IMMUNIZATIONS. Under the International Health Regulations, a country may require International Certificates of Vaccination against Yellow Fever and Cholera. Because smallpox has been eradicated, smallpox vaccination should NOT be given. Check with health care providers or your records to ensure measles, mumps, rubella, polio, diphtheria, tetanus, and pertussis immunizations are up to date. Prophylactic medication for malaria and certain other preventive measures are advisable for some travelers. NO immunizations are required to return to the United States. Pertinent information is included in "Health Information for International Travel," U.S. Government Printing Office, Washington, D.C. 20402 or may be obtained from your local health department or physician.

HEALTH INSURANCE. Persons considering foreign travel should determine what health insurance coverage, if any, they have while outside the United States. Medicare does not cover health care costs outside the United States except under limited circumstances in Canada and Mexico.

CUSTOMS SERVICE. The pamphlet, "Know Before You Go," gives you current pertinent information about Customs requirements, and how they apply to articles acquired abroad. Obtain a copy from your nearest Customs Office or from the U.S. Customs Service, P.O. Box 7407, Washington, D.C. 20044. The transportation of currency or bearer instrument, regardless of the amount, is legal; however, if you take out of or bring into the United States more than \$5,000 (U.S. or foreign currency, travelers checks, money orders, or other bearer monetary instruments), you are required by U.S. law to file a report with the U.S. Customs Service.

TREASURY. The unlicensed purchase or importation of Cuban, North Korean, Vietnamese, or Cambodian goods is prohibited except for goods with a foreign market value of \$100 or less imported as accompanied baggage directly from those countries. Certain transactions involving travel to Cuba are prohibited. For more information, contact the Office of Foreign Assets Control, Treasury Department, Washington, D.C. 20220.

AGRICULTURE. Your reentry into the United States will be speeded if you bring with you NO foreign meat, other animal products, birds, animals, fruits, vegetables, plants, soil or other agricultural items. It is unlawful to import foreign agricultural items without permission since they may carry destructive plant or animal pests and diseases. For specific information, write "Quarantines," PPQ, APHIS, U.S. Department of Agriculture, 6505 Belcrest Road, Hyattsville, Maryland 20782.

IMPORTANT INFORMATION

THIS PASSPORT IS THE PROPERTY OF THE UNITED STATES GOVERNMENT. IT MUST BE SURRENDERED UPON DEMAND MADE BY AN AUTHORIZED REPRESENTATIVE OF THE U.S. GOVERNMENT.

LOSS, THEFT OR DESTRUCTION OF PASSPORT should be reported immediately to local police authorities and to the Passport Services, Washington, D.C. 20520, or, if overseas, to the nearest American embassy or consulate. Your passport is a valuable citizenship and identity document. It should be carefully safeguarded. Its loss could cause you unnecessary travel complications as well as significant expense.

ALTERATION OR MUTILATION OF PASSPORT: This passport must not be altered or mutilated in any way. Alteration may make it INVALID and, if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials of the United States or of foreign countries, in connection with official matters, may place stamps or make statements, notations or additions in this passport. You may amend or update personal information for your own convenience on page four.

EXPIRATION. The expiration date is given on the inside front cover.

LOSS OF NATIONALITY. You may lose your U.S. nationality by being naturalized in, or by taking an oath or making a declaration of allegiance to, a foreign state, or by serving in the armed forces or accepting employment under the government of a foreign state; or by making a formal renunciation of nationality either in the United States or before a diplomatic or consular officer of the United States while abroad. For detailed information, consult the nearest American embassy or consulate.

DUAL NATIONALS. A person is considered a dual national when he owes allegiance to more than one country at the same time. A claim to allegiance may be based on facts of birth, marriage, parentage or naturalization. A dual national may, while in the jurisdiction of the other country which considers that person its national, be subject to all of its laws, including being conscripted for military service. Dual nationals who encounter problems should contact the nearest American embassy or consulate.

WHEN TRAVELING IN DISTURBED AREAS you should keep in touch with the nearest American embassy or consulate.

IF YOU RESIDE ABROAD or when traveling to remote areas you should register at the nearest American embassy or consulate.

NOTICE

THIS PASSPORT MUST NOT BE USED BY ANY PERSON OTHER THAN THE PERSON TO WHOM ISSUED OR IN VIOLATION OF THE CONDITIONS OR RESTRICTIONS PLACED THEREIN OR IN VIOLATION OF THE RULES REGULATING THE ISSUANCE OF PASSPORTS. ANY WILLFUL VIOLATION OF THESE LAWS AND REGULATIONS WILL SUBJECT THE OFFENDER TO PROSECUTION UNDER TITLE 18, UNITED STATES CODE, SECTION 1544.

FOR YOUR PROTECTION PENCIL IN THE NAMES AND ADDRESSES BELOW
PLEASE KEEP THESE ENTRIES UP TO DATE.

BEARER'S ADDRESS IN THE UNITED STATES
ADRESSE DU TITULAIRE AUX ETATS-UNIS

18 East Elm Street

CHICAGO, ILLINOIS 60602

BEARER'S FOREIGN ADDRESS
ADRESSE DU TITULAIRE A L'ETRANGER

IN CASE OF DEATH OR ACCIDENT NOTIFY THE NEAREST AMERICAN EMBASSY OR CONSULATE AND THE INDIVIDUAL NAMED BELOW

EN CAS DE DECES OU D'ACCIDENT, PRIERE D'AVISER LE SERVICE DIPLOMATIQUE OU CONSULAIRE DES ETATS-UNIS LE PLUS PROCHE, AINSI QUE LA PERSONNE NOMMEE CI DESSOUS

Name
Nom

Mrs. CONNE MAYER

Address
Adresse

18 East Elm Street, Apt. 817

CHICAGO, ILLINOIS 60602

Telephone
Téléphone

312-787-4740

4

Entries/Entrées

Visas

Departures/Sorties

LEAVE TO ENTER FOR SIX MONTHS
EMPLOYMENT PROHIBITED

24 AUG 1989

IT IS THE RESPONSIBILITY OF THE PASSPORT BEARER TO OBTAIN THE NECESSARY VISAS.

LE TITULAIRE DU PASSEPORT EST SEUL RESPONSABLE DE L'OBTENTION DES VISAS REQUIS.

5

Entrées/Entrées

Visas

Departures/Sorties

88

Entrées/Entrées

Visas

Departures/Sorties

89



Entries/Entrées

Visas

Departures/Sorties

Entries/Entrées

Visas

Departures/Sorties

Immigration & Naturalization Service
CHICAGO, ILLINOIS SIC
ADMITTED

2115
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22

Amendments and Endorsements
Modifications et Mentions Spéciales

23



DIE
RECHTSWISSENSCHAFTLICHE FAKULTÄT
DER UNIVERSITÄT ZU KÖLN

VERLEIHT DEM REFERENDAR

ADALBERT MAYER AUS BERLIN

AUF GRUND DER GUT BEFUNDENEN SCHRIFT:

„DIE ANWENDBARKEIT DES § 278 BGB. AUF ÖFFENTLICHRECHTLICHE VERHÄLTNISSE“
UND DER MÜNDLICHEN PRÜFUNG

DIE WÜRDE EINES DOKTORS DER RECHTE MIT DEM PRÄDIKAT VOLL-BEFRIEDIGEND
GEGEBEN ZU KÖLN, DEN 27. JULI 1933

UNTER DEM REKTORATE DES PROFESSORS DER ALLGEMEINEN PATHOLOGIE

UND DER PATHOLOGISCHEN ANATOMIE Dr. med. ERNST LEUPOLD

UNTER DEM DEKANATE DES PROFESSORS DES DEUTSCHEN, BÜRGERLICHEN,

HANDELS UND ARBEITSRECHTS Dr. iur. HANS CARL NIPPERDEY



Nipperdey



End of Adalbert Mayer Collection

